



Schmieding /ILC Solutions Forum on Elder Caregiving

June 2, 2005 ♦ 9 am -12 noon

Schmieding Conference on Elder Homecare

June 2, 2005 ♦ 12 noon - 4 pm

REPORT OF FINDINGS

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IMPROVING IN-HOME CAREGIVING: ANSWERS FROM THE NON-PROFIT SECTION

IMPROVING IN-HOME ELDERCARE

SOLUTIONS FOR KEEPING ELDERS AT HOME FOR LIFE: ANSWERS FROM THE NON-PROFIT SECTOR

TESTIMONY OF BETH C. VAUGHAN-WROBEL, EdD, RN, FAAN TO THE POLICY COMMITTEE OF THE WHITE HOUSE CONFERENCE ON AGING

My name is Dr. Beth Vaughan-Wrobel. I am the Associate Director/Director of Education of the Schmieding Center for Senior Health and Education. Through a generous gift from Lawrence H. Schmieding, the Schmieding Center opened as the first of seven outreach centers on aging through the Arkansas Aging Initiative of the Donald W. Reynolds Institute on Aging at the University of Arkansas for Medical Sciences. I have had the privilege of serving the Schmieding Center, since it opened in 1999, to meet Mr. Schmieding's goal of keeping older adults out of nursing homes. The mission of the Schmieding Center is to improve the quality of life of older adults and their families through education and patient care.

SUMMARY OF FINDINGS

I am here this morning to discuss the need for the professional training of family, volunteer, and in-home paid caregivers, usually independent contractors, as well as the need for geriatric management services for families who are overseeing the care of a loved one in the home.

- **We all know the crisis of the Age Wave is upon us.**
 - 77 million baby boomers are aging as we speak. They begin turning 65 in 2011.
 - Many of these baby boomers are currently caring for both children and parents. And most women will end up caring for their parents for more years than they care for their children
 - Already, more than 44.4 million American caregivers (21% of the adult population) provide unpaid care to an elder.
 - Many of the children caring for parents do not live near the community where their parents live, resulting in extreme hardship and expense on children trying to care for their parents from a distance...
 - 41% of these family caregivers are hiring anyone they can find to assist with the care necessary to keep their loved ones in the home.
- **We all know our current long-term system is ailing and it will not be able to handle this large influx of older adults needing care in the immediate future.**
- **A new cadre of independent contract, in-home direct care providers is emerging to meet this growing need.**
 - Unfortunately, almost none of these care providers have received training on how to care for an older adult in the home.
 - Elders are thus very vulnerable to improper care and the family has no way to judge whether the caregiver has any knowledge about caring for an older adult in the home setting.

- **Little attention has been given to the education and the level of home caregiver training of these direct care workers or for any method of providing the consumer with any guarantees concerning their level of competency. What attention has been given to federal and privately funded projects on caregiving over the 10-15 years has been on family caregivers, which is also very important. But the growing trend toward paid caregiving has been virtually ignored.**
 - While recent studies state that using the services of paid helpers is less common today than obtaining help from unpaid caregivers, 4 of 10 (41%) had received services from persons paid to with help the care of a older adult in the home. This number will continue to increase as the number of older adults continues to rise and the number of family members continues to decrease.
- **The long-term care system in place today--with its institutional bias, regulatory roadblocks and minimal resources focused on home care--will not be able to handle the long-term care demands of the coming baby boomers.**

RECOMMENDATIONS AND REFORMS

Solutions for reforming our institutionally centered long-term care system into a home-centered system revolve around training, education, and services in order to meet the escalating demand for in-home care of older adults in the future:

Recommendations are focused on (1) family caregivers and (2) Direct care workers, independent contractors providing in-home paid caregiving.

1. Family Caregivers:

- **Develop caregiving educational materials to assist family caregivers with the physical and behavioral care they will encounter with caring for an older adult in the home setting.** The development of educational programs and products designed to train family caregivers to provide better quality care is an area in which the non-profit sector can excel.
- **Make family caregiving training programs available to family members at a reasonable cost using the latest technology.** Being able to train at home will be very helpful to family caregivers. These programs will decrease the amount of time the caregiver is away from the home and decrease the burden of finding someone to come into the home to stay with the care receiver while attending training.
- **Remove regulatory roadblocks and encourage geriatric care management programs to assist family members who need help with planning and providing care for older adults in the home. It is imperative that state-directed restrictions are removed that currently prohibit the development and delivery of not-for-profit geriatric care management services within an agency setting.** Geriatric care management does *not* address home health concerns requiring skilled nursing needs, as defined by Medicare/Medicaid. Care management relates to the activities of daily living necessary for older adults to stay in the home (including medical-related services like

travel to the doctor, reminders about medication schedule, consulting with physicians about the care receiver's health and well being, and non-medical services such as grocery shopping, going to social activities with care receiver, etc). *The restriction related to home health and Medicare/Medicaid regulations should not apply to geriatric care management that occurs within an agency with the resources required to offer such services.* Presently, these outdated regulations are hampering the development of a home-centered long-term care system that works.

- **The cost for in-home geriatric care management should be declared as both an insurance and Medicare/Medicaid benefit since it could reduce the person's need for nursing home care.**

2. In-Home Direct Care (Paid) Caregivers:

- **Establish standards for all persons who receive pay for caregiving concerning their level of training and requirements for Certification before they can provide care in the home.** This should include all direct care in-home paid caregivers *and* family members who receive pay for caregiving through expanded Medicare /Medicaid waiver programs. Having families trained is one more step toward assuring that the money is used for caregiving and that those family members know how to provide quality care for the elder.
- **Formalize minimal standards for the training programs so there is an agreed upon level of knowledge and skill** that can be expected of anyone providing care to an older adult in the home.
- **Incentivize not-for-profit organizations to take the lead in providing this training to paid caregivers and developing training materials for such programs throughout the United States.** The incentive should begin with the development and implementation of a not-for-profit organization or association that is charged with the curricula used to train in-home caregivers. The need is urgent because of growing need for qualified in-home paid caregivers.
- **Establish requirements that long-term care insurance companies and others that provide monies for in-home care of older adults limit reimbursement for paid caregivers to those who are formally trained and certified as qualified to provide professional in-home eldercare.**